

## AusCERT 2012 *'Security on the Move'*

**“Doctor, I seem to have lost my medical identity - Can you prescribe a new one?”**

Ms Rebecca Thompson  
Investigation Officer, Drugs of Dependence Unit.



**Queensland Government**  
Queensland **Health**

## Overview

- ☐ The Queensland Health (QH) Drugs of Dependence Unit (DDU)
- ☐ Pharmaceutical drugs of concern – Illicit use and diversion issues
- ☐ Criminal methods of obtaining pharmaceutical drugs
- ☐ Medical identity (MI) theft
- ☐ The Australian e-Health Strategy
- ☐ Personally Controlled Electronic Health Records (PCEHR)
- ☐ Prescription forgery & fraud – A Queensland case study
- ☐ Conclusion & Questions



**Queensland Government**  
Queensland **Health**

# THE JOURNEY BEGINS....

## The Queensland Health Drugs of Dependence Unit (DDU)

- ☐ State based regulator of treatment of persons with Schedule 8 controlled drugs, and restricted drugs (some Schedule 4).
- ☐ Monitoring and oversight of the Queensland Opioid Treatment Program (QOTP).



## Drugs of concern...

### Controlled Drugs (S8)

- ☐ Oxycodone
- ☐ Morphine
- ☐ Pethidine
- ☐ Fentanyl
- ☐ Propofol
- ☐ Flunitrazepam
- ☐ Hydromorphone
- ☐ Methadone
- ☐ Buprenorphine
- ☐ Codeine Phosphate

### Restricted Drugs of Dependency (S4)

- ☐ Benzodiazepines
- ☐ Temazepam, Diazepam, Alprazolam

### Specified condition drugs (S8)

- ☐ Methylphenidate (Ritalin)
- ☐ Dexamphetamine



## Why are pharmaceutical drugs so appealing to non-therapeutic users?

- ☐ Purity of product (pharmaceutical grade).
- ☐ Availability and ease of acquisition (doctors, family & friends).
- ☐ If a doctor prescribed the drug for you, it is not illegal to possess it.
- ☐ Rapid take up of pharmaceutical opioids = the 'rush', immediate euphoria/'high'.
- ☐ Belief that pharmaceuticals are safer / less addictive than street drugs.
- ☐ Not associated with the terms 'junkie', 'druggie' or 'addict'.
- ☐ Marketability & street value.



## The downside to pharmaceutical drug misuse...

- ☐ Overdose and death
- ☐ Adverse outcomes from injecting tablets and capsules
- ☐ Dependence/addiction
- ☐ Prescription theft & fraud
- ☐ **Identity theft & fraud**
- ☐ Diversion to illicit markets
- ☐ Medicare and PBS costs
- ☐ Treatment costs



## Existing criminal methods of obtaining pharmaceutical drugs...

- ☐ Doctor or prescription shopping
- ☐ Theft of prescription medications
- ☐ Theft of prescription stationary
- ☐ Forging and/or altering prescriptions
- ☐ Forging medical documents
- ☐ **Prescriber identity theft and misuse**
- ☐ **Patient identity theft and misuse**
- ☐ 'Fossil Pharming'



# Doctor shopper had 425 scripts

By RYAN EMERY and  
DAVID NANKERVIS

AUSTRALIA'S worst doctor shopper is a WA man who was prescribed 425 medications in just five months.

The young man caught the attention of the Health Insurance Commission after making 287 visits to 173 doctors in three states, most of them in WA.

He received narcotic and morphine-based prescription drugs worth thousands under the Pharmaceutical Benefits Scheme from last November until March this year.

The HIC suspects the drugs were sold on the black market.

Spokesman John Trabinger said: "This guy is definitely No.1 on the hit parade."

The man visited doctors twice daily, even venturing across borders to Victoria and South Australia.

"He travelled across three states because it gets hard to keep finding doctors to get new prescriptions and for him it was a full-time job," Mr Trabinger said.

Australian Medical Association (WA) spokeswoman Rosanna Capolingua said the man's activities were phenomenal.

Dr Capolingua said the case highlighted the need for doctors to have advance warning of people trying to obtain many prescriptions.

Privacy laws prevented the Health Insurance Commission, the insurer of Medicare, from alerting medical professionals to doctor shoppers.

Dr Capolingua said the Privacy Act also stopped doctors conferring about suspected drug abusers.

"There are a lot of aspects of the Privacy Act that are absolutely essential and excellent, but there are also times when it can make some things a little more difficult," Dr Capolingua said.

Despite the restrictions, doctors can call a Government hotline if they fear a patient is lying to obtain drugs.

The service, first run from 1997 to 2002, was reinstated six months ago as part of the HIC's prescription-shopping

prevention program. It had since received nearly 9000 calls.

"We're impressed that we're seeing a lot of doctors re-using the service," Mr Trabinger said.

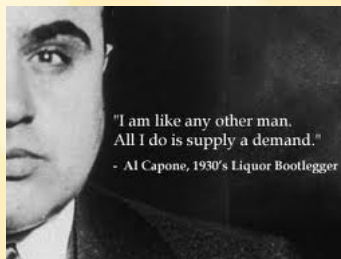
"We've had over 10,000 doctors register for this service. This hotline is specially helpful when doctors are dealing with new patients."

Mr Trabinger said 19 abusers were referred to authorities. The program was designed to prevent \$119 million being siphoned from the PBS annually.

Dr Capolingua said the hotline was helpful, but fell short.

Doctors calling the hotline got a simple "yes" or "no" response to whether a patient was flagged as a drug abuser.

SO NOW WE KNOW THERE ARE SOME PHARMACEUTICAL DRUGS THAT CAN BE MISUSED AND/OR DIVERTED TO THE ILLICIT MARKET BY SOME BAD GUYS FOR A VARIETY OF REASONS...



"I am like any other man.  
All I do is supply a demand."

- Al Capone, 1930's Liquor Bootlegger

## How do ID thieves perceive identity crime & fraud?

- ☐ Offenders generally see any type of identity theft as easy money and the penalties are not harsh.
- ☐ They know that AU\$1 million fraud = approximately 2 years in jail.
- ☐ Offenders have little to no insight into the impact and/or ramifications of identity theft and fraud on others.
- ☐ Offenders have little to no empathy for their victims; they are fearless and are used to their activities going unchallenged and unreported.
- ☐ Identity theft is primarily opportunistic where minimal efforts by offenders can return significant gains.

**Yes, I have been bitten by the LOL cat bug...but I think we all know that ID thieves don't have to dig through the garbage anymore to obtain someone's personal information.**





## ...Ok, so what is this thing called Medical Identity (MI) theft?

- ❑ Medical identity theft occurs when an individual, or group of individuals exploit another persons name, or other aspects of their identity without that persons knowledge or consent for the purpose of obtaining medical care, services, products, insurance or insurance benefits.



## An eminent expert on MI theft & privacy says:-

- ❑ *"It's [MI theft and fraud] very lucrative, done over six months to a year, it can net \$1 million to \$2 million - which makes credit card theft look like small change."*
- ❑ *"...and now that medical records are going electronic, stealing them is getting easier."*
- ❑ *"Before, you couldn't steal a million paper files from a hospital; now you can walk out with a million digital files on your iPod or iPhone."*
- ❑ *"To prevent medical identity theft you must be very careful about allowing anybody to have your private information, and always be familiar with what is in your records in the event of an emergency."*

(Pam Dixon, Executive Director of the World Privacy Forum, 2006)

## Let's consider the US experience...

- ❑ Medical ID theft is currently the fastest growing type of fraud in the United States. (*World Privacy Forum, 4 August 2011*)



- ❑ In the US context, medical ID fraud is primarily aimed at defrauding health funds by obtaining health services or making fraudulent claims.
- ❑ In the US, the Ponemon Institute is considered the pre-eminent research centre dedicated to privacy, data protection and information security policy.
- ❑ In 2010, Ponemon conducted the “National Study on Medical Identity Theft”.

## continued...

- ❑ 156,000 people agreed to discuss identity theft in general.
- ❑ 5.8% provided specific details about how they had been victims of medical ID theft.
- ❑ Extrapolating to the general U.S. population, this equated to approximately 1.42 million adult victims of medical ID theft.
- ❑ The average cost per victim was calculated at US\$20,160.
- ❑ 46% of victims did not report the incident to law enforcement or other regulatory authorities.
- ❑ 33% of victims reported that medical ID theft occurred because a family member used their medical ID for goods and services without their knowledge.





**NOW WE KNOW A BIT MORE...THERE  
ARE BAD GUYS AT HOME AND ABROAD  
THAT KNOW THEY CAN EXPLOIT OUR  
PERSONAL INFORMATION AND MORE  
SPECIFICALLY, OUR MEDICAL  
INFORMATION TO GET WHAT THEY  
WANT...**

## Medication prescribing practices in Australia...

- ☐ A patient sees a doctor and either requests or is prescribed a medication.
- ☐ The prescription is either computer printed or handwritten.
- ☐ The patient or their 'agent' takes the prescription to a pharmacy for dispensing.
- ☐ Currently, Medicare cards, Healthcare cards and Veteran's Affairs (DVA) cards have no unique identifiers to verify the identity of the user (no photograph, signature, pin number & no biometrics).

## So...

- ☐ Anyone can collect a prescription with, or without a Medicare, Healthcare or DVA card – they simply sign as the patient's 'agent'...
- ☐ However, if they have acquired another person's identity they can use that to obtain prescriptions for any purpose while completely evading detection.



## Some what ifs...

- ☐ What if domestic or international crime groups seek to increase their involvement in health fraud as national healthcare expenditure grows? Is it reasonable to suggest that it may only be a matter of time before Medicare and the PBS are targeted?
- ☐ What if this is already happening? How would you know if your medical identity was compromised?
- ☐ What if your bag or wallet was lost or stolen, or your home was broken into, would you be as concerned about your Medicare Card, your Private Medical Fund Card, your Health Care Card? or your DVA card as you would be about your ATM and credit cards?



**OK, SO IT'S PRETTY EASY TO GET  
PRESCRIPTIONS IN AUSTRALIA...THE  
BAD GUYS MUST KNOW THIS  
TOO...THEY DON'T WANT TO BE  
CAUGHT...WHAT IF THEY USE AN  
IDENTITY THAT IS NOT THEIRS TO  
OBTAIN THESE MEDICATIONS?**

## Australia is moving toward implementing the e-Health Strategy

- ❑ In early 2008, the Australian Health Ministers commissioned Deloitte to develop a strategic framework and plan to guide national coordination and collaboration in e-Health.



- ❑ The National e-Health Transition Authority (NEHTA) was formed to develop and progress the national infrastructure and achieve support for e-Health in Australia.

## So what exactly is e-Health?

- ❑ e-health is the electronic collection, management, use, storage and sharing of healthcare information. It includes individual healthcare information such as medical records, test results, discharge summaries, diagnoses, prescriptions and referrals but instead of them being paper records they are in electronic form and delivered electronically.



## Personally Controlled Electronic Health Records (PCEHR)

- ❑ The AU\$466.7 million Personally Controlled Electronic Health Record System (PCEHR) is intended to provide secure access to personal health information, stored and shared in a network of connected computer systems and databases from anywhere at anytime.



## So...

- ❑ The e-Health and PCEHR systems will require a massive amount of personal information to be stored – where, how and what guarantees can be given regarding the security and privacy of all of this personal information?



## ...recent media headlines...

- ☐ ***“E-health records plan high risk, Senate inquiry told...”***  
(Australian IT January 12, 2012)
- ☐ ***“E-Health corporation savaged at enquiry...”***  
(Australian IT February 6, 2012)
- ☐ ***“Senate e-health findings hit wall...”***  
(Australian IT March 15, 2012)
- ☐ ***“Delay launch of PCHER for a year – Senators...”***  
(Michael Woodhead, March 20, 2012)
- ☐ ***“Concerns raised over e-health plan...”***  
(Karen Dearne, Australian IT March 20, 2012)
- ☐ ***“Personally controlled e-health records controversy still rages on...”***  
(Australian IT April 4, 2012)



**...THE CLOCK IS TICKING DOWN TO  
THE ROLL OUT DATE...  
1 JULY 2012...  
THAT'S ABOUT 58 DAYS FROM  
TODAY...**



**SO THERE ARE PHARMACEUTICAL DRUGS  
THAT BAD GUYS WANT...IF THEY CAN USE  
SOMEONE ELSE'S IDENTITY TO GET THEM,  
THEY MIGHT SUCCEED AND NOT BE  
DETECTED...SOON, A LOT OF PEOPLE'S  
MEDICAL INFORMATION WILL BE STORED  
ELECTRONICALLY...WHAT GUARANTEES ARE  
THERE THAT OUR MEDICAL INFORMATION  
WILL BE SECURE AND NOT USED BY THE BAD  
GUYS TO DO BAD THINGS?**

**THE JOURNEY IS ALMOST OVER...LET'S  
PULL EVERYTHING TOGETHER...  
IT'S CASE STUDY TIME!**

## MI theft, forgery and fraud, a Queensland case study...



- ❑ In October 2010 the DDU received reports that what was believed to be home made laser printer prescription stationery was being used to generate the front side only of non-PBS prescriptions.
- ❑ These prescriptions were faxed to pharmacies and if dispensed, an individual would subsequently present to collect and pay for the medication...

## ...continued

- ❑ Bear in mind, that it is not unlawful for a doctor to fax a prescription to a pharmacy; however, State Regulations require the doctor to provide the original owing prescription to the dispensing pharmacy within 24 hours.
- ❑ In this case, the fraud became known when the pharmacies contacted the prescriber to request the owing original prescriptions only to be told that the patient was not known to the doctor or medical practice, and on that basis the prescriptions were fraudulent.

## ...continued

- ❑ In January 2011 the DDU obtained the first sample of a completely forged prescription using this laser printer stationary.
- ❑ In this instance the offenders sought to obtain injectable steroid preparations (Sustanon 250 Ampoules) and benzodiazepines (Xanax Tri-Score).
- ❑ Shortly thereafter, more samples of forged prescriptions were identified and obtained.
- ❑ There have been several subsequent incarnations of 100% forged prescriptions detected. These matters are subject to an ongoing police investigation.



## Computer generated prescriptions – Google is your friend...

<b>Dr. A Practitioner</b> 99 Station Street Central NSW 2001 Phone: (99) 9999 9999 Prescriber no.: 123456		<b>Dr. A Practitioner</b> 99 Station Street Central NSW 2001 Phone: (99) 9999 9999 Prescriber no.: 123456	
Patient's Medicare no.: Pharmaceutical benefits entitlement number: <input type="text"/> <input type="checkbox"/> Safety Net entitlement card holder <input type="checkbox"/> Concessional or dependent RPBS beneficiary or Safety Net concession card holder		Patient's Medicare no.: Pharmaceutical benefits entitlement number: <input type="text"/> <input type="checkbox"/> Safety Net entitlement card holder <input type="checkbox"/> Concessional or dependent RPBS beneficiary or Safety Net concession card holder	
Patient's name: <b>Mary Cizen</b> Address: <b>1 Main St Central NSW 2001</b>		Patient's name: <b>Mary Cizen</b> Address: <b>1 Main St Central NSW 2001</b>	
Date: 03/04/07 PES: <input checked="" type="checkbox"/> X <input type="checkbox"/> RPBS <input type="checkbox"/> Brand substitution not permitted		Date: 03/04/07 PES: <input checked="" type="checkbox"/> X <input type="checkbox"/> RPBS <input type="checkbox"/> Brand substitution not permitted	
CEPHALEXIN CAPSULE 500mg 1 QID Qty: 20 1 repeat		CEPHALEXIN CAPSULE 500mg 1 QID Qty: 20 1 repeat	
SALBUTAMOL SULFATE INHALER 100mcg/dose 1-2 QID PRN Qty: 2 * 200 dose 5 repeats		SALBUTAMOL SULFATE INHALER 100mcg/dose 1-2 QID PRN Qty: 2 * 200 dose 5 repeats	
2 Items Dr. A. Practitioner MBBS		2 Items Dr. A. Practitioner MBBS	
Sector to sign original and duplicate Please turn over for privacy note		Please turn over for privacy note I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading. Date of supply: _____ Patient's or agent's signature: _____ Agent's address: _____ 4990 C19/92	

## **100% forged prescription stationary...**

- ☐ Colour variations blue/green – front and rear.
- ☐ Low quality paper = transparency / feel.
- ☐ Incorrect spelling and grammar on front and rear.
- ☐ Perforations were originally absent – present in subsequent versions.
- ☐ DDU formed the view that these imperfections would be detected by the offenders and were easy to rectify with minimal effort making detection far more problematic.
- ☐ DDU also formed a view that it was only a matter of time until the offenders targeted controlled drugs and the PBS.



## **What the Queensland Health DDU continues to do in its role as a State based Regulator...**

- ☐ Developed the capacity to issue alerts to Queensland community pharmacies via the Pharmacy Guild of Australia when prescription fraud events are identified.
- ☐ Development and State-wide distribution of targeted educational resources for General Practitioners.
- ☐ Provision of a 24/7 Telephone Enquiry and Advisory Service for doctors.

## **...continued**

- ☐ Continued proactive liaison with partner agencies including the Queensland Police Service (QPS) and where appropriate, Medicare Australia.
- ☐ Identification of, and advice to other stakeholder jurisdictions:-
  - Alerts to other State & Territory law enforcement
  - The Australian Federal Police (AFP)
  - The Australian Crime Commission (ACC)
  - Notification to other State and Territory Health Departments.
- ☐ Participating in the national initiative to introduce real time reporting (RTR) with a view to improving the DDU's ability to detect fraudulent prescriptions earlier.

**THE JOURNEY IS OVER...  
THE UNDERLYING MESSAGE...  
JUST THINK WHAT MEDICAL IDENTITY  
THIEVES COULD DO WITH HUNDREDS OR  
[*heaven forbid*] THOUSANDS OF PATIENT  
AND/OR PRESCRIBER IDENTITIES...**





Queensland Government  
Queensland Health

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